

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John De Treville  
 Docket: 50037.0197US01  
 Title: METHOD AND SYSTEM FOR PERSONAL POLICY-CONTROLLED AUTOMATED  
 RESPONSE TO INFORMATION TRANSFER REQUESTS

22154 U.S. PTO  
 10/671185  
 09/24/03

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| CERTIFICATE UNDER 37 CFR 1.10<br>'Express Mail' mailing label number: EV 300 137347 US<br>Date of Deposit: September 24, 2003<br>I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.<br><br>By: <u><i>Jennifer Weck</i></u><br>Name: Jennifer Weck |
|---|

Mail Stop PATENT APPLICATION  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 16 pgs; 27 claims; Abstract 1 pgs.  
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ Six (6) sheets of formal drawings
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to Microsoft Corporation, Recordation Form Cover Sheet
- ☒ A check in the amount of \$876.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Return postcard

| CLAIMS AS FILED              |   |               |   |              |   |       |          |
|------------------------------|---|---------------|---|--------------|---|-------|----------|
| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  | Fee      |
| Basic Filing Fee             |   |               |   |              |   |       | \$750.00 |
| Total Claims                 |   |               |   |              |   |       |          |
| 27                           | - | 20            | = | 7            | x | 18.00 | \$126.00 |
| Independent Claims           |   |               |   |              |   |       |          |
| 3                            | - | 3             | = | 0            | x | 84.00 | \$0.00   |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       | \$0.00   |
| TOTAL FILING FEE             |   |               |   |              |   |       | \$876.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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